## PART B - FEE(S) TRANSMITTAL

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KENYON & KENYON LLP 1500 K STREET N.W. SUITE 700				Lhereby certify that this Fee(s) Transmitta is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE TEE address above, or being facsimile transmitted to the USPIO (5/1) 273-2885, on the date indicated below.		
WASHINGTON	N, DC 20005		Г			(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	R .	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/811,960 TITLE OF INVENTION	03/30/2004 I: RATE CONTROL FO	R VIDEO CODER EMPI	Atul Puri OYING ADAPTIVE LII	NEAR REGRESSION	13316-3294 V BITS MODELING	2877
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUI	E DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	12/23/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	]		
HOLDER, ANNER N		262I	375-240030			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.833).  Change of correspondence address for Change of Correspondence Address from PTOSB/12) attached.  Tee Address' indication for "Fee Address" indication form PTOSB/12) attached. Use of a Customer Vaunber is required.  A SSIGNIEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the paster front page, list (1) the anness of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered partic attorneys or agent). If no name is listed, no name will be printed.			
	less an assignee is ident th in 37 CFR 3.II. Comp			patent. If an assigned assignment. Y and STATE OR CO		document has been filed for
Please check the appropr	riate assignee category or	categories (will not be pr	inted on the patent):	Individual 🛮 Cor	poration or other private gr	oup entity Government
4a. The following fee(s) are submitted:  ☐ Issue Fee  ☐ Dissue Fee  ☐ Dissue Fee  ☐ Publication Fee (No small entity discount permitted)  ☐ Advance Order - # of Copies 10			B. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed.  ☐ Payment by credit card. Framp#105008##30006##8  ☐ The Director is hereby substrated to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11—0600 (onedostomecommoscopyriothetic firem).			
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Authorized Signature /Justin Blanton/			DateDecember 23, 2008			
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